

NOV 16 1937

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

37350

1. PLACE OF DEATH

County Cape CountyRegistration District No. 125File No. 30091Township "Primary Registration District No. 30091Registered No. 337City Cape Girardeau (No. 98. Mo Hosp.)St. MoWard "

2. FULL NAME

(a) Residence, No. Edgar Clay Manley
(Usual place of abode)St. MoWard "

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFElizabeth Manley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb. 10 - 1876

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.38814

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spliner,
sawyer, bookkeeper, etc.locomotive
engineer9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Birds point, Mo.

MOTHER

13. NAME

Mr. John Manley14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)West Virginia

15. MAIDEN NAME

Martha Woodruff16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Birds point, Mo.17. INFORMANT
(ADDRESS)Mrs. Elizabeth Manley
Hardsell, Mo.

18. BURIAL, CREMATION, OR REMOVAL

Waterloo, Ill.DATE 10-26

1937

19. UNDERTAKER
(ADDRESS)Burleigh & Hubbs
St. Louis, Mo.

20. FILED

10-24-37

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Oct. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 3, 1937 to Oct. 24, 1937Last saw him alive on Oct. 24, 1937 Death is saidto have occurred on the date stated above, at 11:35 a.m.

The principal cause of death and related causes of importance were as follows:

Embolism Pulmonary,
Pneumonia, Lobular,
Hypostatic

Other contributory causes of importance:

accidental Burns from
train wreck

Name of operation

none

Date of

What test confirmed diagnosis?

noneWas there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury Oct. 3, 1937Where did injury occur? Wash, Illinois

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Industry
train wreck - Burns

Nature of injury

Burns

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Frank W. Hall, M. D.

(Address)

Cape Girardeau

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

